CLAIM FORM 1. SUBMISSION OF A CLAIM

(to be sent by the customer to Relai)

1.a Personal Data of the claimant

LAST NAME / LEGAL ENTITY NAME	FIRST NAME		REGISTRATION or ID NUMBER		LEI (IF AVAILABLE)		CLIENT REFERENCE (IF AVAILABLE)
ADDRESS:		POSTCODE		CITY		COUNTRY	
STREET, NUMBER, FLOOR							
(for firms registered office)							
PHONE				EMAIL			
1.b Contact details (if different from 1.a)							
LAST NAME / LEGAL ENTITY NAME			FIRST NAME				

ADDRESS:	POSTCODE	CITY	COUNTRY		
STREET, NUMBER, FLOOR					
(for firms registered office)					
PHONE		EMAIL			
	2 Legal r	epresentative	_		
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document as proof of t			of attorney or other official		
LAST NAME / LEGAL ENTITY NAME		FIRST NAME			
	Γ	<u> </u>			
ADDRESS:	POSTCODE	CITY	COUNTRY		
STREET, NUMBER, FLOOR					
(for firms registered office)					

3. INFORMATION ABOUT THE CLAIM

3.a Full reference of the crypto-asset service or agreement to which the complaint relates (i.e. name of the crypto-asset service provider, crypto-asset service reference number, or other references of the relevant transactions)
3.b Description of the complaint's subject-matter
Please provide documentation supporting the facts mentioned.
3.c Date(s) of the facts that have led to the complaint
3.d Description of damage, loss or detriment caused (where relevant)
3.e Other comments or relevant information (where relevant)
In
Signature:

Please attach any supporting documents referenced above.